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## BIB DATA SHEET

CONFIRMATION NO. 8010

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT   | ATTORNEY DOCKET<br>NO.    |
|---|---|--|--|---------------------------|
| 10/572,404  | 03/16/2006  | 514  | 1623   | TOYA108.013APC            |
| <b>RULE</b>   |   |  |  |                           |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP05/06021 03/30/2005   |   |  |  |                           |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2004-283549 09/29/2004  |   |  |  |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>05/11/2007  |   |  |  |                           |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b>                                      | <b>SHEETS DRAWINGS</b>    |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | Initials                                     | JAPAN  | 1                         |
| Verified and Acknowledged   | /LAYLA D BLAND/<br>Examiner's Signature   |  |  | <b>TOTAL CLAIMS</b>       |
|   |   |  |  | 19                        |
|   |   |  |  | <b>INDEPENDENT CLAIMS</b> |
|   |   |  |  | 6                         |
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| <b>TITLE</b><br>Drug and food or drink for improving hyperglycemia  |   |  |  |                           |
| <b>FILING FEE RECEIVED</b><br>1500  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees                            |                           |
|   |   |  | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |
|   |   |  | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |
|   |   |  | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |
|   |   |  | <input type="checkbox"/> Other _____                         |                           |
|   |   |  | <input type="checkbox"/> Credit                              |                           |